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Patent

Attorney's Docket No.: 003424.P028

In re the Application of: Roger Green Stewart, et al.

(inventor(s))

Application No.: 09/671,659

Filed: September 27, 2002

For: Display Devices And Integrated Circuits

(title)

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ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

- Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
 A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
Total Claims	*83	Minus	**83	00	
Indep. Claims	*16	Minus	***16	00	
First Presentation of Multiple Dependent Claim(s)					
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.					
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.					
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.					
		Rate	Additional Fee		
		X9	\$		
		X42	\$		
		+140	\$		
		Total Add. Fee	\$		
				Total Add. Fee	\$ 0.00

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on June 3, 2002
Date of Deposit

Michelle Offenbaker

Name of Person Mailing Correspondence


Signature:

June 3, 2002

Date

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: June 3, 2002

Mimi Dao

12400 Wilshire Boulevard
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(408) 720-8300

Reg. No. 45,628



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 X No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amd.		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total Claims	*83	Minus	**83	00
Indep. Claims	*16	Minus	***16	00
First Presentation of Multiple Dependent Claim(s)				

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X42	\$
+140	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0.00
X84	\$ 0.00
+280	\$
Total Add. Fee	\$ 0.00

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- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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